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TO: Attention: Office of Petitions

FROM: Guy V. Tucker

Mail Stop Petition

United States Patent & Trademark Office

EXAMINER: Michael G. MENDOZA

PHONE NUMBER:

650.620.5501

Group Art Unit: 3734

FAX NUMBER: 571-273-8300

FAX NUMBER:

650.620.6395

PHONE NUMBER:

DATE:

September 28, 2007

RE: U.S. Serial No.: 09/731,316

TOTAL NO. OF PAGES INCLUDING COVER: 30

Docket No.: 015225-005210US (0051.00)

DOCUMENTS SUBMITTED:

Transmittal Form (1 Page) Fee Transmittal (1 Page, in duplicate) Petition for Revival (Unintentional) Under 37 CFR 1.137(b) (2 Pages) Supplemental Appeal Brief (24 pages)

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SEP 2 8 2007 PTO/SB/21 (04-07)

Under the Par	DREWOOK Restuction Act of 400	E		.S. Patent and	Approved for Trademark O	or use through 09/30/2007. OMB 0851-0031					
TRANSMITTAL			Application Number	a collection or	Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE declion of information unless it displays a valid QMB control number. 09/731,316 December 6, 2000						
			Filing Date								
FORM			First Named Inventor		Carlos Schuler et al.						
			Art Unit	3734							
(to be used for all correspondence after initial filling)			Examiner Name		Michael G. Mendoza						
Total Number of Pages in This Submission			Attorney Docket Number	01522	015225-005210US ((0051.00)						
ENCLOSURES (Check all that apply)											
	Attached Licensing-related Papers					After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences					
After Final Affidavlts/declaration(s) Extension of Time Request Express Abandonment Request		Petition Petition to Convert to a Provisional Application for Petition to Convert to a Provisional Application Power of Attorney, Revocationary of Correspondence for Petitional Disclaimer Request for Refund D, Number of CD(9) Landscape Table on the Convertion of CD(9)	e Address		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Itemental Appeal Brief						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT											
Firm Name	Nektar Therapeutics	1									
Signature											
Printed name											
Date	September 28, 2007					eg. No. 45,302					
CERTIFICATE OF TRANSMISSION/MAILING											
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Signature Tong M. Ung Sanok											
Typed or printed name Tina M. Ingra					Da	September 28, 2007					

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PTO/SB/17 (07-07)

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Fo		First Named inv	entor	Carlos Schuler et al.							
Applicant claims ema	27	Examiner Name		Michael G. Mendoza							
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METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
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FEE CALCULATION											
1. BASIC FILING, SEA	RCH, AND E	XAMINATION	FEES		-	·					
	FILING	EES mail Entity	SEAR	CH FEES	EXAM	INATION FEES					
Application Type	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Small Entity Eee_(\$)	Fee (Small Entity 5) Fee (\$)	Fees Paid (\$)				
Utility	300	150	500	250	200	100					
Design	200	100	100	50	130	65					
Plant	200	100	300	150	160	80					
Reissue	300	150	500	250	600	300					
Provisional	200	100	. 0	0	0	0					
2. EXCESS CLAIM FEI	ES		•			s	amali Entity				
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3. APPLICATION SIZE	FEE			(11)							
If the specification and listings under 37 Cl	TR 1.52(e)).	the application	s or pap size fee	er (excluding ek due is \$250 (\$1	25 for s	cally filed sequence	e or computer				
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<u>Total Sheets</u> - 100 =	Extra Sheet	<u> </u>	of each	additional 50 or							
4. OTHER FEE(S)											
Non-English Specification, \$130 fee (no small entity discount) Other (e.g.; late filing surcharge): Petition for Revival (Unintentional) Under 37 CFR 1.137(b) 1,500.00											
JBMITTED BY	1/27	-//	16	egistration No.	-						
gnature Ju	· W	ell.		ttorney/Agent)	45,30		650-620-5501				
ine (Print/Type) Guy V/	Fucker					Date Se	ptember 28, 2007				

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PTO/SB/17 (07-07) Approved for use through 08/30/2010, OMB 0651-0032 Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Complete if Known Application Number 09/731,316 TRANSMIT Filing Date December 6, 2000 For FY 2007 First Named Inventor Carlos Schuler et al **Examiner Name** \square Applicant claims small entity status. See 37 CFR 1,27 Michael G. Mendoza Art Unit 3734 TOTAL AMOUNT OF PAYMENT (\$) 1.500.00 Attorney Docket No. 015225-005210US (0051.00) METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number. 50-0348 Nektar Therapeutics Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) Indicated below Charge fee(s) Indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES **EXAMINATION FEES** SEARCH FEES Small Entity Small Entity **Application Type** Small Entity Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$1 Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 O 0 0 0 **EXCESS CLAIM FEES** Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. <u>Indep. Claima</u> Extra Claims Fee (\$) Fee Paid (\$) - 3 of HP = HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) (round up to a whole number) x /50 = _250.00 0.00 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$) Other (e.g., late filing surcharge): Petition for Revival (Unintentional) Under 37 CFR 1.137(b) 1,500.00 SUBMITTED BY Signature Registration No. Telephone 45,302 650-620-5501 <u> Attorney/Agent)</u> Name (Print/Type) Guy V/Tucker Date September 28, 2007

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